

FERENCE & ASSOCIATES

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FACSIMILE COVER SHEET

OFFICIAL

To: Assistant Commissioner for Patents

Fax Number: (703) 746-7239

From: Stanley D. Ference III

Date: May 28, 2004

Pages: 16 pages (including this cover sheet)

MESSAGE:

Application No. 09/503,067
Examiner E. Chang
Art Unit 2185

Amendment Transmittal
Petition for 2 month Extension of Time
Completed Credit Card Payment Form
Amendment

IBM Docket No. YO-999-567
(590.003)

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FERENCE & ASSOCIATES
Amendment TransmittalAtty. Docket No. YO-999-567
(590.003)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Dono et al.
Serial No. : 09/503,067 Examiner : E. Chang
Filed : February 12, 2000 Group Art Unit : 2185
For : METHODS AND APPARATUS FOR SELF DESCRIBING DEVICES

HON. COMMISSIONER OF PATENTS AND TRADEMARKS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

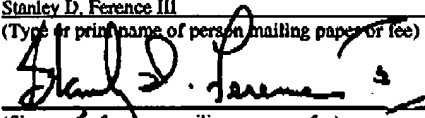
1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (703) 746-7239 on May 28, 2004 to the Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III

(Type or print name of person mailing paper or fee)


(Signature of person mailing paper or fee)

FERENCE & ASSOCIATES
Amendment Transmittal

 Atty. Docket No. YO-999-567
 (590.003)

5. ☒ Also enclosed: Completed Credit Card Payment Form
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
				RATE	FEE		RATE	FEE
Total Claims	-	**	= * 0	x \$9	=	O	x \$18	=
Ind. Claims	-	***	= * 0	x \$42	=	O	x \$84	=
<input type="checkbox"/> Multiple Dependent Claim Presented				+ \$140	=	O	+ \$280	=
				TOTAL	= \$	O	TOTAL	= \$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

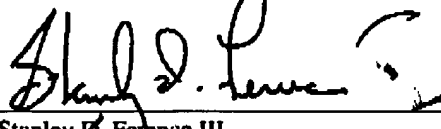
** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space

*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510. A duplicate copy of this communication is attached.

Respectfully submitted,

FERENCE & ASSOCIATES

 By 

 Stanley D. Ference III
 Reg. No. 32,879
Dated: May 28, 2004

Mailing Address:

 Customer No. 35195
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 400 Broad Street
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